SEIL Region
FY 2018 Annual Report

Geographic Area: Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, and Washington

Approved by SEIL Governing Board: November 14, 2018

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Introduction

SEIL Region was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SEIL Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

Throughout the fourth Fiscal Year of the SEIL region operations, MHDS regions have once again been impacted by legislative direction as per HF2456. SEIL was still in process of service development per last legislative direction and had began the work of our locally developed Community Services Plan with our local stakeholders group as per SF504 when additional core services were recommended by the statewide work group prior to the completion of collecting data on the complex needs population. The statewide workgroup recommendation to legislatures cumulated in the passage of HF2456 which legislatively directed the expansion of behavioral health services across the state with region responsibility directed to those areas of service development. Regions were also directed to finance said expansion services collaboratively (braid funding) with the Iowa contracted Managed Care Organizations and any other available funding sources. The expansion of services that were identified as region core responsibility includes: Assertive Community Treatment program additions/expansions, Access Centers, Intensive Rehabilitative Service Homes/Services, and Sub-acute. Additionally, DHS and IDPH shall provide a single Statewide 24 Hour Crisis Hotline that incorporates warm line services; and DHS and DIA (along with other interested stakeholders)will review the role of Tertiary Care psychiatric hospitals and issue a report to the Governor related to roles and responsibilities of this service in the mental health service array. Lastly of significant potential impact to MHDS regions is the designation of a legislative interim study committee with the task of analyzing the viability of the mental health and disability services funding to make recommendation for consideration during the 2019 legislative session.

The SEIL region initiated data collection as per SF504 November 1, 2017 on the Complex Needs population within our region along with our identified partner providers (Emergency Departments, Inpatient Acute psychiatric units, Jails/Department of Corrections, and Community Based Service Providers). This data collection crosses the fiscal year into FY19 so that a full year of data collection can be accomplished. Though the data collection has been somewhat difficult based on self report of partner providers and moderate incongruence in reporting standards, SEIL has forged a strong working relationship with these entities at the local level and with 2 full quarters of data collected within FY18, those results are as indicated below:

SEIL SF504 Complex Needs Population Data

Reporting Timeframe	Count Description		Total Reported
Nov. 2017-April 2018	Boarded 24+ hours in Emergency Department pending transition		27
Nov. 2017-April 2018	Boarded 24+ hours awaiting transition out of inpatient acute to lower level of care		0
Nov. 2017-April 2018	Awaiting Jail Discharge pending community based service options		*103
Nov. 2017-April 2018	No provider identified at discharge	No Reason Given 1 Family Member 6 Hospital 2 Jail 1 Deceased 1	11
		TOTAL	**141

*Note this number includes the individuals on the waitlist for Oakdale to access a competency evaluation related to a criminal charge.

**This is not an unduplicated count

The identification of Complex Need population within the SEIL region will be discussed further under Collaboration with providers, stakeholders, and regions.

The SEIL Governing Board for FY18 was comprised of the following members:

Des Moines County Board of Supervisor	Tom Broeker
Henry County Board of Supervisor	Marc Lindeen
Jefferson County Board of Supervisor	Dee Sandquist
Keokuk County Board of Supervisor	Michael Berg
Lee County Board of Supervisor	Rick Larkin
Louisa County Board of Supervisor	Chris Ball
Van Buren County Board of Supervisor	Mark Meek
Washington County Board of Supervisor	Jack Seward Jr.
Customer/Family Member Representative	Don Ross
Provider Representative	Kristen Helm

Services provided in Fiscal Year 2018:

The SEIL region has made effort to effect change in the efficiency and scope of MHDS service array and deliverables during fiscal year 2018. On a monthly basis, SEIL has reported on access standards of core services to the Department of Human Services. In summary, as it relates to region funded individuals- SEIL identifies the following accessibility efficiencies and barriers:

Outpatient Treatment- Assessment and Evaluation, mental health outpatient therapy, medication prescribing and management Access standards met for emergency, urgent, routine, and proximity. As other services develop that

require the licensing and accreditation equivalent to the traditional outpatient service array, the more difficult it is to retain capacity to serve. Each of the SEIL contracted CMHCs have lost clinical staff either to other agencies in region (FQHC or as a contract clinician with a private sector provider) or to employment outside of the region. *note that licensing differs across this cross section of outpatient services and capacity to serve by mental health specific prescribers is not always available. SEIL has continued to develop connectivity of Behavioral Health services to primary care physicians in order to fill this void as they see fit and/or comfortable in managing.

Mental Health Inpatient Therapy- Emergency, Assessment Evaluation, Proximity are the criteria measured. Emergency inpatient within a 24 hour period is predicated on inpatient acceptance of patients and the symptomology which they present in relation to milieu of the existing unit. The difficult to serve continues to be the population that lingers in Emergency Departments. The eight Hospital systems within SEIL have identified 27 individuals between the time period of November 1 thru June 30th that have lingered more than 24 hours. In patient assessment and evaluation is completed timely (within 4 weeks) in SEIL. Proximity of inpatient services is also available in SEIL, however capacity and capability to serve is a barrier to meeting proximity standards. Individuals with complex needs are frequently transferred to inpatient units that surpass the 100 mile threshold identified in code.

Assessment and Evaluation post Inpatient services- These services are offered timely (within 4 weeks) within the SEIL region for SEIL residents. There are select parts of the state that may not be able to meet that time schedule on behalf of SEIL residents that are transitioning to a new community outside of the SEIL region. Again of note is that as our workforce transitions across the broadened scope of service, this will become more of a challenge to meet these timeframes.

Personal Emergency Response system, crisis evaluation, and 24 hour access to crisis response- 24 hour crisis line was developed during FY17 in SEIL as per description in Code. FY18 was the first full year of the service. It has been extensively underutilized. SEIL along with our stakeholder partners have made effort to market the Crisis line more. The Crisis line has the capability to interface with emergency services and is intended to be a component of the Mobile Crisis Response/Crisis Intervention Team services. Pilots for Mobile Response are underway in 2 SEIL counties and in development for the remainder of the SEIL county members. Crisis evaluation is available in all counties of SEIL. There is anticipated changes related to the 24 Hour Crisis Line system in SEIL with the directive from Legislature via HF2456 to have a statewide 24 Hour Crisis Line developed on a statewide basis.

Support for Community Living- (home health aide, respite, home and vehicle modifications, supported community living) The first unit of service occurs within 4 weeks in SEIL for SEIL funded services. For clarification, this 4 week timeframe is predicated on the foundation of SEIL eligibility determination, assessment of service need by care coordination, and consumer determination of preferred care provider.

Support for Employment- (prevocational services, day habilitation, job development, and group supported employment) Once eligibility and verification of need have been established, Supported Employment services are initiated with 60 days. Certain areas of the region have more opportunity for employment services than others due to the willingness of businesses to participate in integrated employment opportunities for individuals with disabilities. In these areas with willing business, individuals are generally connected more expeditiously to employment options. The region continues to work with our provider network to facilitate increased opportunity for employment for those that desire to work that meet region eligibility.

Recovery Services- (family support and peer support) SEIL region is highly invested in peer support and family support. We believe these to be very valuable services in the breadth of service array. The SEIL Recovery Centers and Peer Drop-In Centers have cost included in the contracts for peer and family support. We have actively asked for recruitment of individuals with lived experience and family members of those with lived experience to engage in the

many opportunities to assist others. Our provider networks as well as NAMI are actively looking to expand the capacity of recovery services in our area. Though this access standard is met, it is our full intent to expand the capacity for access and continue to have providers recruit peer support Specialists within their service array so that the valuable contributions from individuals with lived experience will not be missed.

Service Coordination- (case management and health home) This access standard is met contingent on the fact that the person in need of service coordination is located in region. The SEIL region contracts with local service coordination agencies that also serve Medicaid eligible's and meet the standards as prescribed by Medicaid and state accreditation. Service coordination outside of the region that SEIL attempts to engage on behalf of a SEIL resident is not always within the timeframe required as identified in code. Those referrals are the only mechanism to also meeting the prescribed standard relating to proximity. Note: the internal processes of assessment and verification of level of care need is separate from this access standard for service coordination. Additionally, during FY18 SEIL identified the need to have specialized care coordination for those with Complex Needs and began the planning process of that specialized service. It is anticipated that specialized care coordination will be implemented in FY19.

Additional core services that have been developed and/or enhanced within the SEIL network are as follows:

- Crisis Assessment Services localized to all region Emergency Departments
- Centralized bed find process with Behavioral Health Assessment Team (BHAT) at Great River Medical Center available to the other 7 hospital systems within the region
- Crisis Intervention Training/Team
- Crisis Stabilization Residential Services
- Jail Diversion/Sequential Intercept Model Services
- Behavioral Health Assessment Team expansion
- Partial Hospitalization- was discontinued in FY18
- 24 Hour Crisis Line
- Behavioral Interventionist Services
- Drop-In/Recovery Centers (WRAP/IMR/Peer Support Specialists)
- C3 De-escalation Trainings
- 5 Star Quality Training and Social Determinant Data Measures
- Trauma Informed Care Training/Adverse Childhood Experiences
- Mental Health First Aid for Public Safety Employees Trainer in Region
- Stepping Up Initiative
- Community Connections Supporting Reentry
- EDMS system utilization and Interfaces with Judiciary
- Permanent Supported Housing program protocol development

Individuals Served in Fiscal Year 2018:

Persons Served by Age Group and by Primary Diagnosis

- *This chart lists the number of individuals funded for each service by diagnosis.*

FY 2018 Actual GAAP	SoutheastIowaLink MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	16										**16**
71319	State MHI Inpatient - Per diem charges	9										**9**
73319	Other Priv./Public Hospitals - Inpatient per diem charges	1										**1**
	Basic Crisis Response											
44301	Crisis Evaluation	998	14									**1012**
	Support for Community Living											
32329	Support Services - Supported Community Living	34				7						**41**
	Support For Employment											
50362	Voc/Day - Prevocational Services	1										**1**
50367	Day Habilitation	1				5						**6**
50368	Voc/Day - Individual Supported Employment	6	1			2						**9**
50369	Voc/Day - Group Supported Employment					2						**2**
	Recovery Services											
	Service Coordination											
21375	Case Management - 100% County			1								**1**
24376	Health Homes Coordination - Coordination Services	36										**36**
	Core Evidence Based Treatment											
32396	Supported Housing	20										**20**
45373	Peer Family Support - Family Psycho-Education	11										**11**
	Core Subtotals:	**1133**	**15**	**1**		**16**						**1165**
Mandated												
46319	Iowa Medical and Classification Center (Oakdale)	2										**2**
74XXX	CommitmentRelated (except 301)	402	4									**406**
75XXX	Mental health advocate	474	11									**485**
	Mandated Subtotals:	**878**	**15**									**893**

Core Plus												
	Comprehensive Facility and Community Based Treatment											
44313	Crisis Stabilization Residential Service (CSRS)	92	1									**93**
	Sub-Acute Services											
	Justice System Involved Services											
25XXX	Coordination services	377	6									**383**
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	318	1	13		4						**336**
	Core Plus Subtotals:	**787**	**8**	**13**		**4**						**812**
Other Informational Services												
04372	Planning and/or Consultation Services (Client Related)	968	15									**983**
	Other Informational Services Subtotals:	**968**	**15**									**983**
Community Living Support Services												
23376	Crisis Care Coordination - Coordination Services	219	10									**229**
33340	Basic Needs - Rent Payments	15										**15**
33345	Basic Needs - Ongoing Rent Subsidy	1										**1**
	Community Living Support Services Subtotals:	**235**	**10**									**245**
Congregate Services												
64XXX	RCF-6 and over beds	18										**18**
	Congregate Services Subtotals:	**18**										**18**
Administration												
Uncategorized												
Regional Totals:		**4019**	**63**	**14**		**20**						**4116**

Unduplicated Count of Adults and Children by Diagnosis

- *The chart below shows the unduplicated count of individuals funded by age group and diagnosis*

Disability Group	Children	Adult	Unduplicated Total	DG
	0	1	1	
Mental Illness	58	3142	3200	40
Mental Illness, Intellectual Disabilities	0	5	5	40, 42
Mental Illness, Other Developmental Disabilities	0	3	3	40, 43
Intellectual Disabilities	0	9	9	42
Other Developmental Disabilities	0	11	11	43
Total	58	3171	3229	99

Moneys Expended

Total Expenditures by Chart of Accounts Number and Disability Type

FY 2018 Accrual	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
42305	Mental health outpatient therapy	9,229					9,229
42306	Medication prescribing & management						-
43301	Assessment & evaluation						-
71319	Mental health inpatient therapy-MHI	201,842					201,842
73319	Mental health inpatient therapy	131					131
	Basic Crisis Response						
32322	Personal emergency response system						-
44301	Crisis evaluation	572,327					572,327
44305	24 hour access to crisis response	2,772					2,772
	Support for Community Living						
32320	Home health aide						-
32325	Respite						-
32328	Home & vehicle modifications						-

32329	Supported community living	412,390		61,212			473,602
	Support for Employment						
50362	Prevocational services	60					60
50364	Job development						-
50367	Day habilitation	2,952		38,215			41,168
50368	Supported employment	20,145		11,829			31,974
50369	Group Supported employment-enclave			15,310			15,310
	Recovery Services						
45323	Family support						-
45366	Peer support						-
	Service Coordination						
21375	Case management		255				255
24376	Health homes	15,920					15,920
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	28,086					28,086
32396	Supported housing	23,997					23,997
42398	Assertive community treatment (ACT)						-
45373	Family psychoeducation	17,798					17,798
	Core Domains Total	1,307,649	255	126,567	-		1,434,470
Mandated Services							
46319	Oakdale	5,400					5,400
72319	State resource centers						-
74XXX	Commitment related (except 301)	275,123					275,123
75XXX	Mental health advocate	149,514					149,514
	Mandated Services Total	430,038	-	-	-		430,038
Additional Core Domains							
	Comprehensive Facility & Community Based Crisis Services						
44302	23 hour crisis observation & holding						-
44307	Mobile response	13,430					13,430
44312	Crisis Stabilization community-based services						-

44313	Crisis Stabilization residential services	1,158,451					1,158,541
44346	24 hour crisis line	96					96
44366	Warm line						-
	Sub-Acute Services						
63309	Subacute services-1-5 beds						-
64309	Subacute services-6 and over beds						-
	Justice system-involved services						
25xxx	Coordination services	209,974					209,974
46305	Mental health services in jails						-
46399	Justice system-involved services-other						-
46422	Crisis prevention training	26,458					26,458
46425	Mental health court related costs						-
74301	Civil commitment prescreening evaluation						-
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	596,912	13,597	17,225			627,734
42397	Psychiatric rehabilitation (IPR)						-
	Additional Core Domains Total	2,005,410	13,597	17,225	-		2,036,232
Other Informational Services							
03371	Information & referral						-
04372	Planning and/or Consultation (client related)	171,746	3,487				175,233
04377	Provider Incentive Payment						-
04399	Consultation Other						-
04429	Planning and Management Consultants (non-client related)	3,080					3,080
05373	Public education	17,152					17,152
	Other Informational Services Total	191,978	3,487	-	-		195,465
Other Community Living							

Support Services							
06399	Academic services						-
22XXX	Services management	193,759					193,759
23376	Crisis care coordination	31,600					31,600
23399	Crisis care coordination other						-
24399	Health home other						-
31XXX	Transportation						-
32321	Chore services						-
32326	Guardian/conservator						-
32327	Representative payee						-
32335	CDAC						-
32399	Other support						-
33330	Mobile meals						-
33340	Rent payments (time limited)	15,413					15,413
33345	Ongoing rent subsidy	363					363
33399	Other basic needs						-
41305	Physiological outpatient treatment						-
41306	Prescription meds						-
41307	In-home nursing						-
41308	Health supplies						-
41399	Other physiological treatment						-
42309	Partial hospitalization						-
42310	Transitional living program						-
42363	Day treatment						-
42396	Community support programs						-
42399	Other psychotherapeutic treatment						-
43399	Other non-crisis evaluation						-
44304	Emergency care						-
44399	Other crisis services						-
45399	Other family & peer support						-
50361	Vocational skills training						-
50365	Supported education						-
50399	Other vocational & day services						-
63XXX	RCF 1-5 beds *(63314, 63315 & 63316)*						-

63XXX	ICF 1-5 beds *(63317 & 63318)*						-
63329	SCL 1-5 beds						-
63399	Other 1-5 beds						-
	Other Comm Living Support Services Total	241,135	-	-	-		241,135
Other Congregate Services							
50360	Work services (work activity/sheltered work)						-
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	223,920					223,920
64XXX	ICF 6 and over beds *(64317 & 64318)*						-
64329	SCL 6 and over beds						-
64399	Other 6 and over beds						-
	Other Congregate Services Total	223,920	-	-	-		223,920
Administration							
11XXX	Direct Administration					703283	703,283
12XXX	Purchased Administration					61117	61,117
	Administration Total					764,400	764,400
	Regional Totals	$4,400,130	$17,339	$143,792	-	$764,400	$5,325,660
(45XX-XXX)County Provided Case Management							-
(46XX-XXX)County Provided Services						342,851	342,851
	Regional Grand Total						$5,668,511

Revenue

FY 2018 Accrual	SEIL MHDS Region		
Revenues			
	FY17 Annual Report Ending Fund Balance		10662082
	Adjustments to 6/30/17 Fund Balance		440307
	Audited Beginning Fund Balance as of 6/30/17		**11,102,389**
	Local/Regional Funds		3,517,536
10XX	Property Tax Levied	2861940.13	
12XX	Other County Taxes	5100.35	
16XX	Utility Tax Replacement Excise Taxes	129188	
25XX	Other Governmental Revenues	467438.82	
4XXX-5XXX	Charges for Services		
5310	Client Fees	1128.48	
60XX	Interest	35258.69	
6XXX	Use of Money & Property	0	
8XXX	Miscellaneous	17481.04	
92XX	Proceeds /Gen Fixed assests sales	0	
	State Funds		**293,539.57**
21XX	State Tax Credits	218324.7	
22XX	Other State Replacement Credits	75214.87	
2250	MHDS Equalization		
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
2645	State Payment Program		
29XX	Payment in Lieu of taxes		
	Federal Funds		-
2344	Social services block grant		
2345	Medicaid		
	Other		
	Total Revenues		3,811,075.08
	Total Funds Available for FY18	$14,913,464.08	
	FY18 Accrual Regional Expenditures	$5,668,511	
	Accrual Fund Balance as of 6/30/18	$9,244,953.08	

County Levies

County	2015 Est. Pop.	Regional Per Capita Target	FY18 Max Levy	FY18 Actual Levy	Actual Levy Per Capita
Des Moines	40,055	42.60	1,706,343	1089098	27.19
Henry	19,950	42.60	849,870	0	0.00
Jefferson	17,555	42.60	747,843	576935	32.86
Keokuk	10,163	42.60	432,944	82998	8.17
Lee	35,089	42.60	1,494,791	877225	25.00
Louisa	11,185	42.60	476,481	100000	8.94
Van Buren	7,344	42.60	312,854	200000	27.23
Washington	22,247	42.60	947,722	280950	12.63
Region	**163588**		**$6,968,849**	**$3,207,206**	**19.61**

Outcomes

Service Progress by Core, Additional core, and EBPs

SEIL is rarely the primary funding source for core services because of Medicaid coverage for the majority of those services. As noted previously in past reports, access to information/outcomes related to Medicaid covered services is extremely limited for the region. Region responsibility to ensure access to outpatient services that are financed by the region on behalf of a region eligible (non Medicaid) beneficiary is met via contracting for Emergency/urgent appointments with all of our outpatient contracted providers across the region. Furthermore, we work with our local provider network to facilitate access to service timely by promoting adequate capacity of clinical employees (financial and resource support). The competency of our provider network is critical to successful outcomes for service recipients. We have experienced shortages in skilled workforce related to behavioral health services and have experienced loss of clinicians to other areas of the state and/or agencies such as FQHCs that can offer a higher compensation rate due to either employer financial position, mix of Medicaid versus other financial sources, or enhanced rates. Lastly, another high priority of SEIL is to ensure continuity of service delivery across pay sources without duplication or supplementation. Our provider network is appreciative of this priority and process. They too believe that individuals deserve choice and access that is as convenient as possible.

SEIL additional core services that were available in FY18 or under development were geared primarily toward population health, typically do not have well defined funding mechanisms, and are identified to be supportive of social determinant

factors that strongly influence the outcome measures of traditional services-aka Core Services. Additionally, SEIL has forged partnerships at the local level that frequently interface with the MHDS population- i.e. hospitals, public health/home health/Community Health Centers/public transportation providers/housing authorities/judiciary/county attorneys/public defenders/emergency dispatch/first responders/ambulance providers/etc. These collaborative efforts can have a higher impact on early intervention and probability of success. Finally, the funding of the region is exclusively property tax dollars which is well fitted to locally based safety net services and infrastructure that ensures the health, safety, and well being of its citizens.

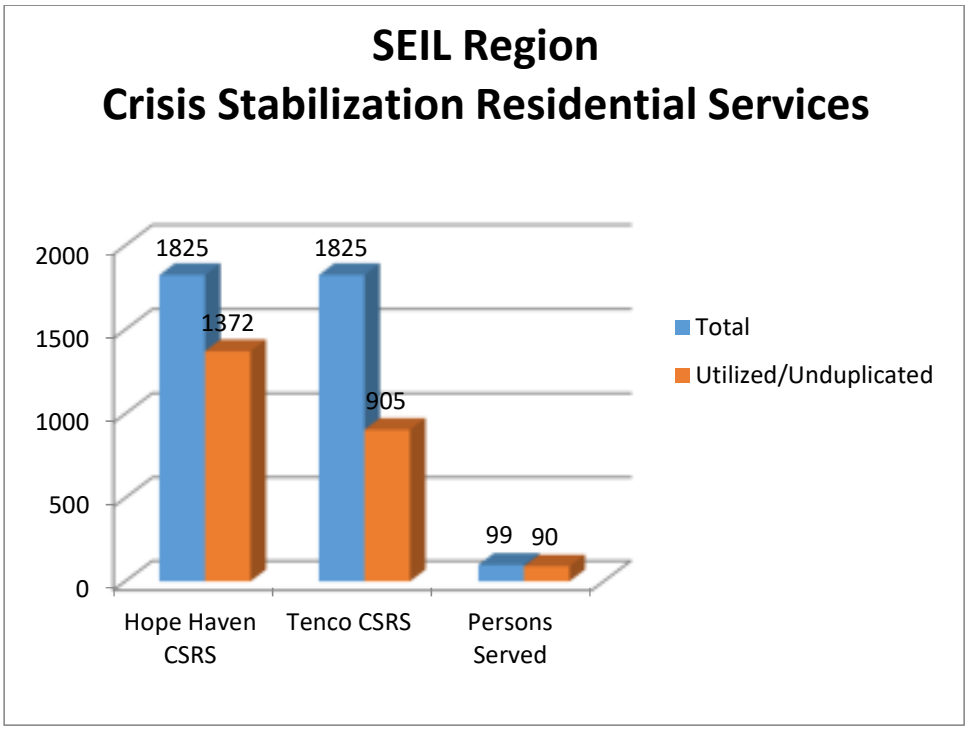
Evidence Based Practices have been analyzed for levels of investment and sustainability in the current financial/system climate of the Medicaid service array. As stated previously, SEIL has found it difficult to braid funding for services that can in part or whole be a Medicaid funded service. To that cause, SEIL has invested in Supported Employment as an EBP, Peer Support, Permanent Supported Housing, Wellness Recovery Action Plan (WRAP) and Illness Management and Recovery (IMR). The Peer Ran Drop-In Centers/Recovery Centers have pushed forward to become more evidence based. SEIL has yet to work on fidelity measures, but intend to take this to task in FY19. Supported Employment is another area in which SEIL intends to push forward. SEIL has a long history of Supported Employment services with the ID population, but fewer numbers of individuals with MI diagnosis are engaged in the service. A sub-committee was developed to address this disparity and find business and industry that is willing to partner in vocational opportunities. The current Supported Employment Service providers are willing and able to move this forward as the EBP is illustrated by SAMHSA. Again, progress toward increasing number served that meet the diagnostic eligibility in integrated work settings will continue to be pushed forward within the SEIL region in FY19.

Region Program Outcomes

The SEIL region maintains contracts with two Crisis Stabilization Residential Service (CSRS) programs with a total of 10 beds capacity. Both programs are structured the same to be a front end diversion from acute inpatient psychiatric hospitalization. The assessment for CSRS has been standardized at the core by several contracted clinical service agencies to determine a person's level of care need. This process ensures that individuals are served in the least restrictive environment possible to meet their need. Because this is an emergency service, open 24/7/365 the region budgets for the entirety of the cost and does not restrict access on an eligibility basis. Such management defers cost from individual insurance carriers of all forms and is the least intrusive form of support to an individual by keeping them close to their local community and natural resources/supports.

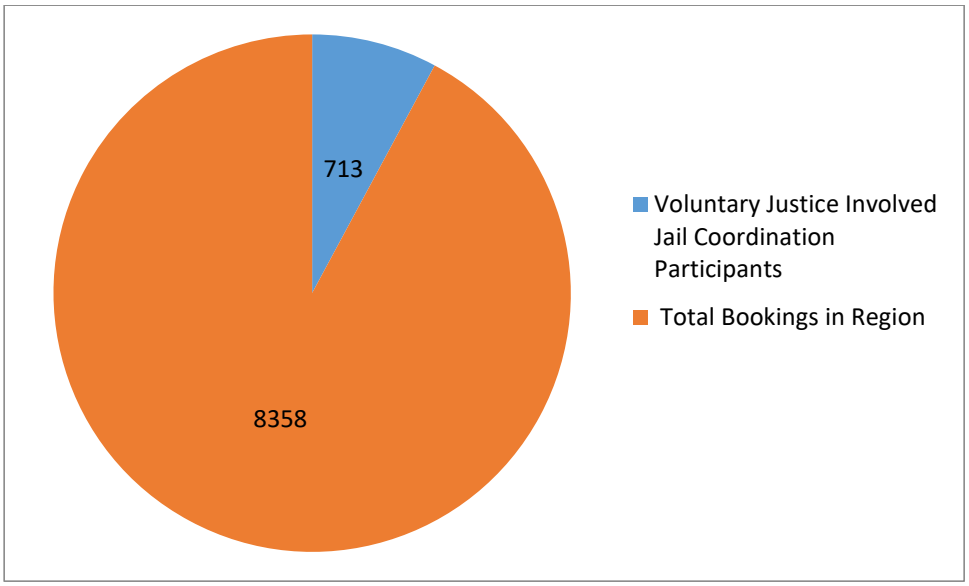
Data is being derived from these programs indicating not only census information and referral initiation, but also programmatic expectations to link individuals not already connected with local resources with community based options to meet their individual need i.e. IHH care coordination, psychiatry/therapy services, somatic care, housing, employment, transportation, insurance coverage options, Social Security benefit application, food assistance, etc.

Braid funding continues to be a focal point for this service to not only facilitate financial connectivity/sustainability of the program, but to also ensure connectedness of the Medicaid service array for individuals in need with Region non-Medicaid services. There have been ongoing challenges with this venture but the efforts continue. SEIL is very encouraged by the progress made at the end of FY18 and fully anticipate have all structures in place with our MCO partners to begin braided funding in FY19.



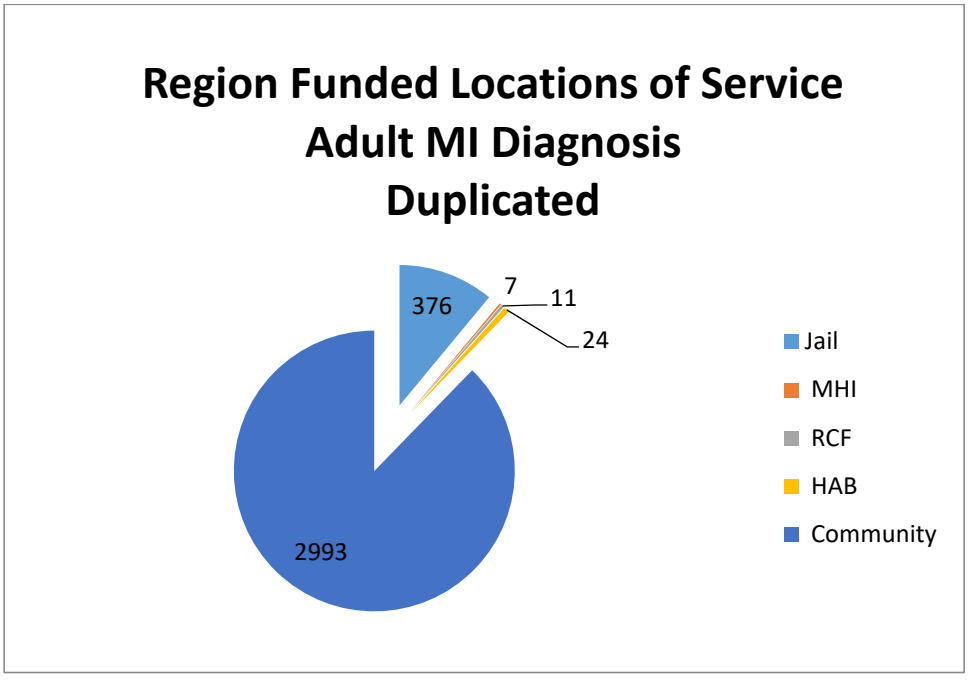
- The projected deferred cost from inpatient hospitalization, based on Total Persons Served on an averaged 3 day inpatient acute psychiatric stay at our local inpatient unit at Great River Medical Center ($1,360 per diem) is $403,920. The equivalent cost of service in the CSRS programs ($317.60 per diem) is $94,327.20. A difference of $309,592.80.
- This directly relates to deferred cost away from Medicaid primarily, but also other insured (Medicare/private third party)

SEIL has also made a concerted effort to develop partnership with the 8 jail systems of the region and develop Intercept 3 diversion (post booking) in each of those jail systems. Identified Jail Coordinators ensure that individuals that are identified as having possible mental health complications at booking and/or who present with mental health symptomology while detained are connected for additional assessment with the care coordinators and asked to voluntarily participate in the service to connect each individual with needed service within the jail system and in transition to community based service array. Much like the CSRS programs, the coordinators connect program participants to services of need post detainment i.e. insurance coverage, psychiatry/therapy, IHH care coordination, Recovery/Peer drop-in Centers, housing, food assistance, benefit acquisition and/or employment, supported community living services, etc. Both providers are pushing forward to collect and analyze utilization rates, recidivism rates, and overall jail population percentages for individuals with behavioral health symptomology. Exciting new jail coordination MIS management is on the horizon with CSN, of which SEIL has been instrumental in the development of necessary data components of the service that will tell a story of service effectiveness and efficiency.



Note: Voluntary participants reflect 8.53% of total county bookings being served. Bookings are duplicative, therefore participants of Jail coordination services are a duplicative count as well. The 8 jail systems of the SEIL region have a total annual max capacity of 117,530. The measures indicated only relate to in region bookings without consideration of alternate jail setting detainees or individual lengths of detainment. SEIL will identify in the future the number of individuals screened for mental health symptoms versus voluntary participants to identify utilization rates of the programs and draw comparison to national averages. Tracking recidivism and lengths of stay will also be on the horizon.

SEIL, in alignment with Olmstead, has made effort to serve individuals in least restrictive levels of care. Slightly different in presentation than FY17, SEIL has compiled claims data for persons served by the diagnostic category of Mental Illness to draw a comparison between totals and specified living environments (MHI, RCF, and Community).



Intake and Referral

During FY18 the SEIL region centralized intake applications for eligibility and non-eligibility based services to the Lee County office. This was done to streamline processes, ease the burden of providers tracking multiple access points in the region for application and eligibility information, and appropriately use region designated employee resources. These new internal processes have streamlined the receipt of information and expedited the decision making related to individual cases. Improved performance measures within the region can also result in expedited positive outcomes for service recipients. Many times prompt engagement in service when a person is motivated/willing, and/or remediation of environments that induce anxiety or trauma can have a profound impact on a person's overall well-being. SEIL prides itself in working expeditiously with potential applicants to improve issues of quality of life. SEIL has also developed an array of service that is eligibility and non-eligibility based so that there are means in place to offer resources and/or make referrals that do not require the full acquisition of information to issue a Notice of Decision. The Peer ran centers within SEIL has assisted in that process as well as the crisis services to address presenting factors that place individuals at risk of health and safety concerns.

In FY19, SEIL anticipates the continuation of region reach to expand intake and referral. Expansion of 24 hour crisis hotline services and mobile crisis response with our public safety partners will enable individuals to access service that is least restrictive and minimally invasive or traumatic to meet a person's needs. Furthermore, SEIL continues to work with our 8 hospital systems to expedite access to inpatient services when needed as opposed to lingering in Emergency Departments that are ill equipped to at times manage and/or treat behavioral health issues. This is of no fault to Emergency Departments, but is more a reflection of the reality of presenting cases and circumstances within the EDs that are forced to priority because of the nature of ED services.

Service Coordination

The SEIL Management team is comprised of six (6) Coordinators of Disability Services (CDS) four (4) full time assistants and two (2) part time assistants across the eight county region. The CDSs assume a management role within the region and facilitate the connection of individuals to purchased care coordination and services. It is SEILs objective to keep the Medicaid and region service array as seamless as possible and to not duplicate access to services in two different venues. The focus on unified/integrated care coordination is based in the philosophy of true integrated care, trauma informed care, non duplicative/efficient individual service delivery that is also cost effective. This also provides SEIL with a common denominator for care coordination with parallel vernacular and unified protocols for acquisition and maintenance of service. The regions service delivery system is enhanced because of this practice and information can be accessed more readily across all funding sources via this methodology.

Other Community Living Support Services

FY18 provided opportunity for SEIL to move forward with internal process related to Permanent Supportive Housing, client participation/ rent subsidy, hourly/daily Supported Community Living, and programmatic transportation. Development of supports in which SEIL recognizes there are generally state level departments that are the authority of such areas are slow to develop as they require a lot of attention to state level protocols and mechanisms for access/compliance. It also requires the development of relationships with community members that have solid footing in these areas of expertise. Working collaboratively with landlords, housing authorities, understanding HUD, Section 8, Low Income Tax Credit properties, Social Security processes for Disability determinations and Interim Assistance mechanisms, Department of Transportation funding opportunities, local transit management, and differences in transportation service deliverables is a lot to tie into across an eight county geographic area with multiple agencies, entities, and personnel. SEIL recognizes their role as a component of the vast array of disciplines that we connect

together and make effort to facilitate community living support services that are integrated and sustainable. Having a common vision of delivering a quality service to those who live in our communities makes for easier work for all involved. Most importantly however is that community members receive and feel the quality of their community services. Having a sense of inclusion for all is truly what community living is all about. No one should live in isolation, and no system should believe they are capable of serving everyone's totality of need. Link is part of our name and it is a concept by which we view ourselves as well as strive to ensure we perform in duty as public servants.

Statewide Outcomes (Quality Service Development & Assessment, QSDA)

SEIL has continued our participation in QSDA. The SEIL management team has two designates to QSDA to be our region experts related to Evidence Based Practices and Social Determinant outcomes which will in turn move us toward value based contracting/purchasing. SEIL commenced provider reviews of social determinant data in FY18 with other MHDS regions to move our system forward in deriving quality outcomes for individuals engaged in service. Our partner network providers are very much appreciated to travel this path with us and continue their pursuit of demonstrating competence and quality service deliverables.

Throughout the fiscal year there have been obstacles to delving deeper into the review process. Providers have reported experiencing financial difficulties as related to Medicaid payment. Additionally, they indicated that there has been a learning curve to understanding who holds responsibility for coordinating services on behalf of individuals accessing waiver and Hab services. Lastly they indicate that they have experienced rapid re-assessment for levels of care as well as shortened duration of funding authorizations which have caused internal procedural changes amongst providers and prompted them to evaluate the individuals/populations they chose to serve. Increased administrative cost and financial risk to serve individuals within the specifications of service and cost associated with variable service funding have demonstratively created bottlenecks in accessing the community based service array. We are on a learning curve together in maneuvering the new reality of service provision, but remain steadfast in providing quality service that will turn out optimal outcome.

At the local level, SEIL utilizes an Outcomes Measure sheet for contracted services of the region by which our providers report across 3 variables which are listed below.

Input measures identify the amount of resources needed to provide for a particular program or service. This shows the total cost of providing a service. If a provider is putting in some of their own resources, it would be included here. Input measures will show a dollar amount. For the SEIL Region, this will be the amount shown on the contract for the service being reported. The provider should also include the amount of any in-kind contribution.

Output measures Output measures represent the number of people served, or the number of products / services provided. Output measures will be numerical. For SEIL contracted services, this should be the number or people or units you are now reporting each month with your invoice.

Outcome measures address whether or not a program or services is meeting its proposed goals. Outcomes reflect the actual results achieved and the impact, and indicate the quality or efficiency of the service provided. Outcome measures are usually done in narrative form. Outcome measures assist the SEIL region and providers to be accountable for our programs and look at the quality of the services for effectiveness. Service effectiveness allows us to address quality improvement and the capacity of the program / service. We are tasked with striving to improve the quality of life of the people we serve in our region. We can determine what is working, what needs revised, and perhaps, if necessary, what should be eliminated.

These are received quarterly to ensure that services are deriving the results intended. Providers of these outcome measure services are invited to present to the SEIL Governing Board on an annual basis so they have the opportunity to educate and take credit for the work they have done. SEIL has found this very useful in creating accountability for service and educating our local governing elected officials what goes into and what comes out of their investments.

Collaboration

DHS/MAP

SEIL continues to participate in collaborative efforts with DHS and IME at every opportunity. Venues for such interface, generally take the form of either CEO/DHS meetings or conversations with the Community Systems Consultants. There are times in which DHS representation sit on the same committees in various workgroups either as a governor appointed participant or as designated by DHS as the MHDS authority. Because of extensive legislative priorities and action in FY2018, a significant amount of communication was transmitted via email, and phone conferencing. Regions and SEIL in particular via CEO leadership role on the CEO Collaborative, was in contact with DHS leadership on a weekly if not more frequent basis. On a number of occasions, this interface was with the presence of county government leadership (Board of Supervisors) as well as key legislators that shared common interest in the future of MHDS regions and service systems. Though the vantage point of this collection of people were at time incongruent, all were present for the sake of improving service delivery and outcome for those in need. SEIL remains committed to the ongoing working relationship with the MHDS division, IME, and other parties with vested interest in Iowa's Mental Health and Disability Service system in its totality.

MCOs/Community Organizations

SEIL has made strides in FY18 to develop meaningful working relationships with the MCOs. This applies to not only the executive level in which we generally meet with designated individuals from the MCOs with DHS, but also at the local level on an individual case basis and via local MCO employees participating in Region Stakeholder/Change Agent monthly meetings. Community Organizations have also been included at the local level to participate in these monthly meetings. NAMI, ministerial groups, charitable organizations, advocate groups, and other disciplined organizations that frequently share customers in common have participated in these monthly meetings and/or received agendas/information/minutes via the SEIL stakeholder distribution list.

SEIL places high priority on having all perspectives at the table for discussion of means and mechanisms to improve quality of life for those in our community with need. No discipline or system should exist exclusively separate of other systems and anticipate best holistic results for those they serve. In FY18, continue the development of those interdisciplinary relationships and expanded our network of stakeholder partners. From this larger group we have created sub committees to delve into the detail of select service areas that the region will be working to streamline and/or develop. The work of these sub committees is extremely important to the success of not only the service, but the network of care as a whole.

As reported last fiscal year, SEIL continues to strive to braid funding for those services that could receive payment from Medicaid on a per person basis, but requires region contribution in order to sustain the service. The most recognizable of services of which this is the case is Crisis Stabilization Residential Services (CSRS). During FY18 Hope Haven 5 bed CSRS became a Chapter 24 accredited provider October 1, 2017. They immediately began to pursue a contract for service with both of the MCOs. Coding in the Medicaid service array became an obstacle to deter contracting which was not remediated until February 2018. Despite the fact that this was an amendment to the existing contract between

the MCOs and Hope Haven by adding the corresponding CSRS service and rate, a fully executed contract was not finalized in FY18. This information is included in the SEIL Annual Report not as criticalness to the parties involved, but as an example of the importance for all factors of consideration and mechanisms to be in place that will support a braid funding venture as funds become less abundant throughout the system. Failure to recognize those mechanisms, timeframes for implementation, and finalization of contractual relationship for service provision will be detrimental to the sustainability of service and further development of other core services.

Providers/Stakeholders/Regions

Senate File 504 placed regions on a trajectory to work with partner providers and stakeholders in 1) Identifying the Complex needs population within the regions, and 2) Developing a Community Services Plan with legislated stakeholder workgroups to address the needs of those individuals with Complex Needs. Pertaining to identification of the Complex Needs Population, for the time period of data collection within FY18 the total number of individuals identified was 141 (not an unduplicated count). In relation to the SEIL regions total population per 2015 census information (163,588), the percentage of complex needs cases identified within our region was .086%.

The second task of SF504 to work with a stakeholder workgroup in developing a Community Services Plan was also address in FY18. SEIL region has continuously had a very active Change Agent group that meets on a monthly basis. The SEIL Change Agent group became the base of the stakeholder workgroup for the region and welcomed the addition of those legislatively designated that were missing previously. Prior to the deadline for submission of October 16, 2017, SEIL submitted our regions Community Service Plan.

Of significant importance, the Stakeholder Workgroup gave great consideration and effort to identify services that would be most beneficial to the Complex Needs population of our eight member counties with acknowledgement of our local resources (capital, financial, and workforce). Those identified services/trainings are as follows: 1) Five Star Quality, 2) Crisis Intervention Training (Public Safety), 3) C3 De-escalation training, 4) Crisis Intervention Team, 5) Mobile Crisis Response, 6) Specialized Service Coordination, 7) Co-occurring Residential Treatment, 8) No Eject/ No Reject pre and post hospital service, and 9) Permanent Supported Housing.

Since the inception of our Community Services Plan, legislation has changed Regions core services however; many of those legislated core services are congruent with the plans of the SEIL workgroup. Within FY18, SEIL has made significant progress in relation to many of the identified services/trainings of the Community Services Plan. 1) Providers continued to identify social determinant information via Five Star Quality and inputting data into CSN. Beyond this data, stakeholders also provided SF504 data that assisted the region in further delineating the complex needs population and areas requiring attention and improvement to facilitate quality experiences in service provision/transition. 2) The Crisis Intervention Training subcommittee met regularly in pursuit of the full CIT training for law enforcement/public safety personnel. (to be completed in FY19). 3) SEIL has five C3 trainers and in FY17 approximately 70 people were trained in C3 de-escalation techniques. 4/5) CIT (Team) and Mobile Crisis are in pilot in 2 SEIL counties and under development for the entirety of the region. 6) Related to Specialized Service Coordination, SEIL has brokered the details of a Complex Needs population coordinator and developed a FY19 contracted for the position of a Transition Care Coordinator with Counseling Associates IHH. SEIL and Counseling Associates created clear definition of criteria and eligibility that encompasses the concept of a Complex Needs Case and essentially provides expedited assessment and care coordination in a strength based/person centered framework. 7) Plans for a co-occurring residential treatment program experienced an interruption in progress for the duration of time that IHH Care Coordination services were being called into question for continuation. This has since abated, and planning has reconvened amongst the partners in this service as well as with both MCOs. 8) SEILs vision of a no eject/no reject service was for a level of care, not the continuum of

care that seems to be the mechanics of the access centers. SEIL has had very preliminary conversations with developing access centers, recognizing this is a service for the population in mass, but would like to pursue the level of care concept our stakeholder group identified as the missing puzzle piece for those individuals with complex needs. 9) Lastly, SEIL continues to provide and hone our implementation of Permanent Supported Housing to move us closer to fidelity as an evidence based service.

Conclusion

Congruent to the policy of the MHDS Regional Collaborative, SEIL makes every effort to build and advance a statewide system of care with inclusive services for all residents. It is recognized that each region has their own unique needs and availability of resources to attend to on behalf of those that we serve and those to which we must answer. Those unique dynamics must be acknowledged when working on a statewide framework. Furthermore, no harm should be done to any region because of those unique dynamics. Just as in direct service delivery, focus should be person/system centered and strength based to meet need. The work of which MHDS Regions are engaged is of an inclusive nature and the more that barriers between disciplines can be deconstructed and relationships and understanding can be built, the better off all Iowa citizens will be. SEIL is solidly rooted in these fundamental principals with our stakeholders at the local level, as well as with our partners across the state. Growth and Development will continue to occur within reasonable timelines. The foundation for this growth and development must be given the opportunity to be strong and resilient from bottom to top. SEIL will continue to exert due diligence to ensure systems of care will produce quality outcomes for those whom we are charged to serve.